

Pride in Parenting ***Home Visit Report Form***

Infant DOB _____ Date Infant Discharged from Hospital _____
mm/dd/yy mm/dd/yy

Today's Date: _____ Period Covered: _____ to _____
mm/dd/yy mm/dd/yy mm/dd/yy

Month: 1 2 3 4 5 6 7 8 9 10 11 12

1. How many times did you (or another PSS/IDS) visit the mother at her home or somewhere else during this month?

1a. How many of these home visits were non-curriculum related? _____

2. Did you have any difficulty scheduling home visits during this month?

Yes 1

No 2 **(GO TO Q7)**

3. How many times was the mother not home when you arrived for a home visit during this month?

_____ **(IF 00 TIMES, GO TO Q4)**

3a. Please indicate why the mother was not home for the home visit appointment(s)?

(CIRCLE ALL THAT APPLY)

Competing appt. that mom hadn't remembered 1
Tied up w/ other priorities 2
Baby or mother sick 3
No reason given 4
Don't Know/PSS could not contact 5
Other (SPECIFY) _____ 6

4. How many times did the mother cancel a home visit appointment during this month?

_____ **(IF 00 TIMES, GO TO Q5)**

4a. Please indicate why the mother cancelled the appointment(s)? **(CIRCLE ALL THAT APPLY)**

Competing appt. that mom hadn't remembered 1
Tied up w/ other priorities 2
Baby or mother sick 3
No reason given 4
Don't Know/PSS could not contact 5
Other (SPECIFY) _____ 6

5. How many times did you have difficulty or were you unable to contact the mother to schedule a home visit appointment during this month?

(IF 00 TIMES, GO TO Q6)5a. Please indicate why you had difficulty contacting the mother? **(CIRCLE ALL THAT APPLY)**

- Competing appt. that mom hadn't remembered 1
 Tied up w/ other priorities 2
 Baby or mother sick 3
 No reason given 4
 Don't Know/PSS could not contact 5
 Other (SPECIFY)_____ 6

6. How many times did the mother refuse a home visit during this month?

(IF 00 TIMES, GO TO Q7)6a. Please indicate why the mother refused the home visit(s)? **(CIRCLE ALL THAT APPLY)**

- Competing appt. that mom hadn't remembered 1
 Tied up w/ other priorities 2
 Baby or mother sick 3
 No reason given 4
 Don't Know/PSS could not contact 5
 Other (SPECIFY)_____ 6

7. How many times did the mother visit you at the hospital during this month? _____

8. How many telephone contacts did you have with the mother during this month? _____

9. Please indicate the number of times each of the following concerns were identified with the mother during home visits or phone calls that occurred during this month.

- | | | | | | | | |
|----|------------------------|---|---|---|---|---|---|
| a. | Housing | 0 | 1 | 2 | 3 | 4 | 5 |
| b. | Food | 0 | 1 | 2 | 3 | 4 | 5 |
| c. | Child Supplies | 0 | 1 | 2 | 3 | 4 | 5 |
| d. | Health Care | 0 | 1 | 2 | 3 | 4 | 5 |
| e. | Insurance | 0 | 1 | 2 | 3 | 4 | 5 |
| f. | Financial needs | 0 | 1 | 2 | 3 | 4 | 5 |
| g. | Utilities | 0 | 1 | 2 | 3 | 4 | 5 |
| h. | Transportation | 0 | 1 | 2 | 3 | 4 | 5 |
| i. | Child Care | 0 | 1 | 2 | 3 | 4 | 5 |
| j. | Child Behavior | 0 | 1 | 2 | 3 | 4 | 5 |
| k. | Educational/Vocational | 0 | 1 | 2 | 3 | 4 | 5 |
| l. | Emotional | 0 | 1 | 2 | 3 | 4 | 5 |
| m. | Family Conflict | 0 | 1 | 2 | 3 | 4 | 5 |
| n. | Abuse/Neglect | 0 | 1 | 2 | 3 | 4 | 5 |
| o. | Substance Abuse | 0 | 1 | 2 | 3 | 4 | 5 |
| p. | Other | 0 | 1 | 2 | 3 | 4 | 5 |
- (SPECIFY)_____

10. Which of the following referrals were recommended to the mother during home visits or phone calls that occurred during this month?

(CIRCLE ALL THAT APPLY)

- | | | |
|----|----------------------------------|---------|
| a. | None | 0 |
| b. | AFDC | 1 |
| c. | Medicaid | 2 |
| d. | WIC | 3 |
| e. | Food stamps/supplemental | 4 |
| f. | Housing | 5 |
| g. | Pediatric Care | 6 |
| h. | OB/GYN Care | 7 |
| i. | Counseling | 8 |
| j. | Visiting Nurse | 9 |
| k. | Other home visitor | 10 |
| l. | Substance abuse treatment | 11 |
| m. | Job Training/school | 12 |
| n. | Support Group | 13 |
| o. | Daycare/early intervention | 14 |
| p. | Other (SPECIFY)_____ | 15 |

11. Which of the following **NEW** services did the mother receive during this month? **(CIRCLE ALL THAT APPLY)**

- | | | |
|----|----------------------------------|---------|
| a. | None | 0 |
| b. | AFDC | 1 |
| c. | Medicaid | 2 |
| d. | WIC | 3 |
| e. | Food stamps/supplemental | 4 |
| f. | Housing | 5 |
| g. | Pediatric Care | 6 |
| h. | OB/GYN Care | 7 |
| i. | Counseling | 8 |
| j. | Visiting Nurse | 9 |
| k. | Other home visitor | 10 |
| l. | Substance abuse treatment | 11 |
| m. | Job Training/school | 12 |
| n. | Support Group | 13 |
| o. | Daycare/early intervention | 14 |
| p. | Other (SPECIFY)_____ | 15 |

12. How would you rate the mother's level of cooperation for this month's Home Visits?

- | | |
|------------|---|
| Good | 1 |
| Fair | 2 |
| Poor | 3 |

ASK QUESTION 13 ONLY AT 4 - 12 MONTHS

13. How many Infant Development Playgroups/Parent Support Groups did the mother attend this month?
(Use time period indicated on Page 1.)

0 1 2 3

- * IF ATTENDED 0 PLAY/SUPPORT GROUPS, STOP HERE (DO NOT COMPLETE 13a-13c).
- * IF ATTENDED ONLY 1 PLAY/SUPPORT GROUP, COMPLETE 13a.
- * IF ATTENDED 2 PLAY/SUPPORT GROUPS, COMPLETE 13a AND 13b.
- * IF ATTENDED 3 PLAY/SUPPORT GROUPS, COMPLETE 13a, 13b, AND 13c.

13a. How many mothers (including this mother) were present at the 1st Play/Support group? _____

13b. How many mothers (including this mother) were present at the 2nd Play/Support group? _____

13c. How many mothers (including this mother) were present at the 3rd Play/Support group? _____

Home Visitor's Initials: _____

Project Coordinator's Signature: _____

Date: _____